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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRIMAL MEDÍA, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dalton Flowers Name of Person
Primal Media 16
6316 HARBOR DR Address
HUDSON, FL 34667 City/State and Zip Code
FLOWERS DAM amail. RCM E-mail address (to be used for fundre annual report notification)
For further information concerning this matter, please call:
Dalton Flaver) at (\$13) 451 - 6510 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	2021 000 TLEI
PRIMAL MEDIA, LLC	SECRETAIN &
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ALLAHASSEE, FLOR

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(7) i initia initia i	monty company)	٠,
The Articles of Organization for this Limited Liability Company Florida document number 13202 .	were filed on Una 05, 2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability FOUR ON! The new name must be distinguishable and contain the words "Limited Liability Lia	E MEDIA. LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10316 HARBOR DR HUDSON, FZ 34667	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist	 tered
Name of New Registered Agent:		—
New Registered Office Address:	Enter Florida street address	_
	Florida City Zip Code	_
	City City	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>.</u>			
			□Remove
		□Change	
		□ Add	
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			Change
			
			□Remove
			□Change

	EIN will med updated
	Also need cesale / tax exempt certificates
	DBA will also be changed
(If an c Note	ctive date, if other than the date of filing: 10/31/2021 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ment's effective date on the Department of State's records.
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	d 10/21/2021
Date	
Date	
Date	Signature of a member or authorized representative of a member

D.